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CONFIRMATION NO. 7540

SERIAL NUMBER	FILING OR 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/631,166	07/31/2003	455	2618	SILA:127
RULE				

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## \*\* CONTINUING DATA \*\*\*\*\*

*Jh* This application is a CIP of 10/075,094 02/13/2002 ABN and claims benefit of 60/405,959 08/26/2002 ✓  
 and claims benefit of 60/399,988 07/31/2002  
 and said 10/075,094 02/13/2002  
 is a CIP of 09/821,342 03/29/2001 PAT 6,804,497  
 and is a CIP of 09/708,339 11/08/2000 PAT 6,741,846  
 which is a CON of 09/087,017 05/29/1998 PAT 6,167,245  
 and said 10/075,094 02/13/2002  
 claims benefit of 60/273,119 03/02/2001  
 and claims benefit of 60/333,940 11/28/2001  
 and claims benefit of 60/339,819 12/13/2001

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*Jh* N/A

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

10/24/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	TX	53	46	4
Verified and Acknowledged	Examiner's Signature <i>Jh</i> Initials				

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## TITLE

Partitioning of radio-frequency apparatus

<b>FILING FEE RECEIVED 1454</b>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr><tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr><tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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